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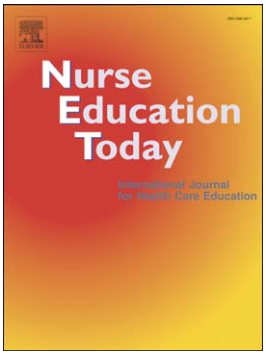

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Does Preceptorship improve confidence and competence in Newly Qualified Nurses: A systematic literature review

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Abstract

Aim: A systematic literature review to assess whether preceptorship improves confidence and competence in Newly Qualified Nurses.

Background: Preceptorship was introduced into nursing in the United Kingdom in 1991 with the original aim to improve competence and confidence. This systematic review was undertaken to review the evidence of the impact of preceptorship on confidence and competence of nurses in their first year post qualifying.

Data Sources: A comprehensive search of The British Nursing Index, CINAHL, Embase, Medline, PsycInfo, PyscArticles, Campbell Collaboration; Cochrane, HMIC, ERIC, ASSIA, Web of Science, Scopus, Scopus Conference, Web of Science Conferences; NHS Evidence, OpenGrey, National Technical, NINR, Opendoar, SSRN, Kings College London and the RCN was conducted.

Methods: A PRISMA structured systematic review was carried out, 14 papers 4 mixed methods, 8 qualitative, 1 scoping review and 1 service development, published between 1996 and 2013 were critically reviewed, and data extracted using thematic analysis.

Results: Four themes were identified from a thematic analysis: measurement, knowledge and experience, support, and structure.

Conclusion: While one-to-one preceptorship does influence confidence and competence, Preceptorship Programmes has greater impact than the individual preceptor. Due to limited empirical research there is no concrete evidence that Preceptorship has a direct impact on confidence or competence. Further research into team preceptorship/choice of preceptors and what impacts on newly qualified nurses confidence and competence is required.

Keywords: Preceptorship**,** Preceptor**,** Preceptee**,** Newly Qualified Nurse**,** Confidence**,** Competence.

Introduction

Nursing education in the United Kingdom (UK) has changed from a practice-based apprenticeship to a theoretical model (Higgins et al., 2010, Harrison-White and Simons, 2013, UKCC, 1986). This change aimed to produce a practitioner who is confident, competent and advocates reflective practice and evidence-based care (UKCC, 1986, Department of Health, 2010).

In response to concerns that the theoretical focus would lead to fitness to practice issues the UKCC (1991) recommend that all Newly Qualified Nurses (NQNs) should undertake a period of preceptorship (Whitehead et al., 2013, Higgins et al., 2010). Preceptorship should support the NQN through the transition from a basic safe practitioner to one that is competent and confident however no definition of competence or confidence was provided by the UKCC (UKCC, 1991, UKCC, 1993).

The term 'preceptor' refers to a person instructing or providing tutorage, and it was in America, when Kramer recorded new nurses experiencing reality shock, that the concept was introduced to nursing (Kennard, 1991, Bain, 1996). Kennard's (1991) summary of the American research reported no significant difference in competence following the introduction of preceptorship.

The NMC (2006) updated preceptorship standards and outlined two new aims: to provide support and guidance to ensure that NQN's practised in accordance with the Code of Professional Conduct: NMC (2008a) and to produce a confident and competent practitioner. All new practitioners were allocated an individual preceptor to provide guidance and advice, with regular meetings and protected learning time for the first year of practice (NMC, 2006).

Current implementation of preceptorship varies from basic preceptorship, where NQN's are allocated a preceptor and have regular meetings, to complex preceptorship, with core study days, clinical supervision, set competencies and/or trust wide individuals to coordinate the NQN's development (Clark and Holmes 2007, Marks-Maran et al. 2013, Avis et al. 2013), the latter will be referred to as complex preceptorship in this review.

There are currently concerns regarding competence and confidence, particularly in relation to the professional's ability to advocate for patients (Francis, 2010). Increasing patient dependency and the expanding role of the practitioner in the fast changing NHS requires a highly skilled and knowledgeable workforce that can provide efficient, effective and compassionate care (Horton et al., 2012, Hartley and Bennington, 2010, Binney, 2009). There is, however, limited information regarding the impact on confidence and competence by preceptorship on nurses in the first year of qualifications. This systematic review critiques existing research in relation to the efficacy of preceptorship on improving confidence and competence in NQNs in the UK. Preceptorship is a process for preceptor and preceptee and both roles will be considered.

Methods

The review question 'Does preceptorship improve confidence and competence in Newly Qualified Nurses?' was designed to analyse existing evidence and used to find relevant data sources. Using PICO the question was broken into components: population, intervention, comparison and outcome (Table 1). PRISMA guidelines informed the systematic review (Moher et al., 2009).

INSERT TABLE 1 HERE

Searches were conducted between 7th and 9th March 2014 in The British Nursing Index, CINAHL, Embase, Medline, PsycInfo, PyscArticles, Campbell Collaboration; Cochrane, HMIC, ERIC, ASSIA, Web of Science and Scopus. Intervention was searched, using truncation and any MESH term, before adding them together

using the Boolean operator 'OR'. Fewer than 200 papers per database were searched manually; search results in excess of 200 were re-searched using the nurse related facets in the population component, followed by newly/recently qualified related facets utilizing Boolean operators to combine the results until the search produced a number that could be search manually. Grey literature searches were performed in Scopus Conference, Web of Science Conferences; NHS Evidence, Opengrey, National Technical, NINR, OpenDOAR, SSRN, Kings College and the RCN in the same timeframe. Where the above strategy could not be used in the Grey literature sites the Intervention facets were used in turn and the results combined. An overview of search results can be found in Table 2.

INSERT TABLE 2 HERE

The results were reviewed against the inclusion/exclusion criteria (Table 3) at title then abstract level and discarded if they did not meet. The remaining 14 papers were then acquired in full. They consisted of 8 qualitative, 4 mixed methods, one scoping review and one service development, published between 1996 and 2013; their main components are detailed in Table 5. Robinson's (2009) scoping review considered international studies, however only the UK papers reviewed are included here.

INSERT TABLE 3 HERE

The search also identified papers relating to preceptorship in midwifery and although this review focuses on nursing, it was considered that this data might add another perspective and so they were included where they met the remaining inclusion/exclusion criteria.

The Critical Appraisal Skills Programme (2013) was used to assess the qualitative research papers. Silverman's (2006) recommendations for quality assessment of any research paper, was used with Pluye et al (2011) to adapt the CASP qualitative assessment tool to assess the mixed methodology.

No paper specifically addressed the question posed and therefore a thematic analysis was data was used to pull out evidence related to the question in order to collectively review the data (Noyes and Lewin, 2011).

INSERT TABLE 4 HERE

Results

None of the papers defined competence or confidence. From the thematic analysis four key themes were identified: measurement, knowledge and experience, support, and structure. The quantitative data was extracted in full.

The quantitative data is summarised in Table 5 and will be discussed in the qualitative themes. Leigh et al's (2005) ten point mean score data has been converted into percentages to improve comparability.

INSERT TABLE 5 HERE

Measurement – the theme measurement considers what to measure, consideration of previous experience and how competence is assessed.

Measurement considers how clearly goals, experience and competency can be assessed; the impact of clarity on what to measure, consideration of previous experience and how competence is assessed. However, because competence is subjective it is challenging to assess (Clark and Holmes, 2007).

Achieving competency sign off was seen as a significant milestone (Mason and Davies, 2013, Darvill et al., 2014) and objectives were considered to be motivational. One preceptee stated her preceptor communicated clear expectations "…you can't achieve this at the moment but I want you to achieve it in the summer" (Bradley, 1999, p. 215). Clark and Holmes (2007) found that the focus was on competencies rather than overall competence, with ward managers noting that NQN's were focused on completing specific tasks.

Consideration of the individual's abilities in relation to competencies was an issue. While Darvill et al. (2014, p. 1432) reports that the complex preceptorship "helped …. by recognizing my strengths and areas of future development", both Marks-Maran et al. (2013) and Clark and Holmes (2007) reported previous experience being ignored. One preceptor commented "I'm still expecting to put a lot of input in the 6 months…they have limited practical experience haven't

they?" (Clark and Holmes, 2007, p. 1217). NQNs commented "it's almost like putting down what I have achieved … at university … you're sort of back at the bottom…it is talked about in the negative tone" (Marks-Maran et al., 2013, p. 12).

Knowledge and Experience – This encompasses the impact of preceptorship on competence, experience, confidence and the impact of being a staff nurse.

The complex preceptorship in Leigh et al. (2005) found preceptees reported increased competence and confidence, although the 25% increase in clinical knowledge differed from the 5% increase in perceived ability to make the correct clinical decision, indicating an inability to transfer learning. In contrast, ward manager's reported that preceptees achieved competence in clinical skills indicates differing expectations - or different standards being applied. The results, nonetheless, do not demonstrate a direct link between the improvement and preceptorship. Similarly in Amos (2001, p. 38) a participant reported it "really is the experience (which increases confidence)". Amos relates this to preceptorship, although at no point does this participant mention preceptorship.

Clark and Holmes (2007) and Pfeil (1999) identified that as nurses' abilities grew their confidence increased, but did not demonstrate a direct link to preceptorship. Marks-Maran et al. (2013) reported that preceptorship provided NQN's with increased experience, however in some cases they were discussing a complex preceptorship, with extra support, rather than an individual preceptor.

Muir et al. (2013, p. 636) found that preceptors felt they contributed to confidence and competence, "I helped develop her competence…" and "I …developed her knowledge and skills…". While this indicates that confidence improves with increased competence it is challenging to prove direct causation to preceptorship; the link to complex preceptorship's seems clearer. Robinson (2009) and Marks-Maran et al. (2013) concluded that development of clinical skills can also come from other sources, such as study days, further complicating identification of the source of the NQNs increased confidence.

NQNs reported being "in at the deep end" in a positive way, where the position of staff nurse resulted in the need to make decisions, which increased confidence (Amos, 2001, p. 39). A new qualified midwife (NQM) commented that starting in a new department increased her self-reliance: "…in my old unit, and I might have … asked questions that I didn't … need to ask" (Avis et al., 2013, p. 1066). However, a participant in Avis et al's (2013, p. 1066) study found that a new environment made them "a bit shaky as never worked in the trust before". The literature indicates that, depending on the individual, a NQNs confidence can be positively or negatively impacted by the familiarity of the environment.

The link to preceptorship is not strongly supported by the qualitative data. The quantitative research, however, indicates that preceptorship can increase NQN's knowledge and experience and this is linked causally to increases in competence and confidence (Leigh et al. 2005, Marks-Maran et al. 2013, Muir et al. 2013).

Support - The theme support encompasses the source and level of support and the impact of feedback.

The literature reviewed suggests that support is important, and, when provided at the right level, it can be highly effective, however if this is overly supportive it can have an adverse effect (Maben and Clark, 1996, Clark and Holmes, 2007, Marks-Maran et al., 2013). Support from the wider team appears to be of more value, in some cases negating the need for preceptorship (Bradley, 1999, Marks-Maran et al., 2013, Avis et al., 2013).

Amos (2001, p. 39) stated that the participants reported support as "the single biggest factor that helps you develop…". Clark and Holmes (2007, p. 1217) identified that having a single person "to relate to" allowed for constructive feedback, nurse development and provided challenges. A nurse who reported a lack of confidence stated "(the preceptor) helps with that a lot" (Maben and Clark, 1996, p. 37) and related this single point of support to increased competence (Marks-Maran et al., 2013).

Where preceptorship failed participants reported that the support from the nursing team compensated (Bradley, 1999). Marks-Maran et al. (2013, p. 1432) corroborate this: "receiving support from other senior staff…", "… already well supported…" and "…plenty of support already available". While support is vital to the development of competence and confidence, in some cases the wider support of the team was considered more valuable; certainly when preceptorship did not work this was found to be the case (Avis et al., 2013).

Conversely Pfeil (1999, p. 15) found that increased expectations impacted negatively on abilities and confidence "I feel I'm taking a step back in confidence and skills" and Amos (2001, p. 38) reported that continuous learning eroded confidence. Whether increased expectations are experienced as positive or negative appears to be linked to the level of support: "as a student… I also had some backup. I became a staff nurse and it was like I was the backup." (Pfeil, 1999, p. 15).

Receiving the right level of support is reported as significant, and indicates a requirement to negotiate a level that meets the individual's needs. In some cases this worked well "… I only went out when I felt ready …" (Darvill et al., 2014, p. 14). Preceptors in Farrell and Chakrabarti (2001, p. 97) stated "I wanted to see them grow from people who were frightened… somebody who is confident…", "… I have helped two people and I feel really proud".

Unfortunately, the level of support was also reported at times to be overly invasive, with statements such as "crowd me too much", "let go of the apron strings" (Clark and Holmes, 2007, p. 1217) and "…it didn't do much for my confidence…it was like they were there all the time, looking over my shoulder…" (Darvill et al., 2014, p. 11). Indicating that achieving the right level of support to meet the individual's requirements is challenging but this balance is important to developing competence and confidence.

Structure – this includes individual preceptorship and complex preceptorship, the choice/number of preceptors and the preceptors' abilities and resources.

Structured preceptorship programmes, complex preceptorship, have the potential to build confidence (Clark and Holmes, 2007), however not all programmes were well structured - although this did not appear to have worried the preceptees (Marks-Maran et al., 2013, Avis et al., 2013, Bradley, 1999). Where the team was supportive the lack of structure was not concerning (Clark and Holmes 2007) however poor support led to comments such as "preceptor is kind of like in inverted commas I suppose" (Avis et al., 2013, p. 1065). This particular participant had never met with their preceptor and no one had enquired how she was progressing.

The question of choice and number of preceptors was raised in seven of the studies. Marks-Maran et al. (2013) reported 70% of preceptees wanted to be able to choose their own preceptor. Further, of the 15% that did not value preceptorship, a key reason was relationship issues, "I found her patronising…" (Marks-Maran et al., 2013, p. 1432). Amos (2001) reports preceptors feeling unable to refuse preceptorship and lacking motivation. Both issues resulted in a negative experience. Of serious concern were two papers that reported bullying and harassment (Maben and Clark, 1996, Mason and Davies, 2013). It appears that these issues significantly impacted on the NQN's confidence.

The papers that report value in allowing preceptees to choose their preceptor acknowledge the challenge this poses; one suggestion is to have multiple preceptors for each preceptee. In Pfeil's (1999) paper some participants felt that having only one preceptor led to a narrow view of practice. Darvill et al. (2014) reported on the benefits of a team approach. Farrell and Chakrabarti (2001, p. 98) heard "… it was not just a one-person thing…" and "…I could ask any one of them for … support". Further Farrell and Chakrabarti (2001, p. 98) reported duel or team preceptorship was positive for the preceptor "…we were able support each other and if there were problems we went to each other…".

Time and accessibility constraints impacted negatively on preceptorship (Bradley, 1999, Farrell and Chakrabarti, 2001, Boon et al., 2005). Over the period of their preceptorship 12% of preceptees had had only one meeting, and 6% no formal contact with preceptor (Marks-Maran et al., 2013). In some cases the preceptor tried to establish contact if they knew the preceptee had had a bad day, but in other cases the preceptee was left to the support of the wider team (Farrell and Chakrabarti (2001).

While the papers reviewed seemed unconcerned about the ad hoc nature of preceptorship, they report that more structure would improve the experience. Structure is not linked directly to confidence and competence, however it impacts on support, accessibility and measurement, all of which are linked to increasing NQNs confidence and competence. Using multiple preceptors would reduce personality issues in the relationship, and expose the preceptee to a wider view of practice, and supporting the preceptor.

Discussion

Whitehead's (2001) study on the transition from student to qualified nurse and Dearmun (2000) research on NQN's perceptions of their first year qualified supports the finding that increased knowledge and experience improved NQN's confidence. Hardyman and Hickey (2001) highlight teaching clinical skills as an important part of preceptorship, however the empirical research is weak in demonstrating causation between preceptorship and increased knowledge and experience. Hardyman and Hickey (2001) demonstrate that complex preceptorship, rather than individual preceptorship, improved clinical skills development and confidence. Banks et al. (2011) report statistically significant competency improvements in advanced communication skills through complex preceptorship.

There is significant support for the idea that it is impossible to fully prepare for the realities of being a qualified nurse. O'Shea and Kelly (2007) and Whitehead (2001) both reported research participants stating that college cannot teach you

how to multitask or prioritise. These papers also report positive and negative impacts, dependant on the individual and support from the team, as found in this paper.

Whitehead (2001), and Walker (1986) found NQN's were more confident and more likely to acknowledge their limitations than in 1985, and they have a more active learning style, linked to changes in training. However, active learning relies on the NQN knowing what they don't know (Gerrish, 2000, Bradshaw, 1998). Without clear communication of standards expected, and the provision of appropriate support and feedback, NQNs learning could lack the required rationale and result in poor care.

The NQN can only absorb limited aspects of new situations. This correlates to the concept of advanced beginner (Benner, 1982) and may explain why too much, too soon impacts negatively on confidence. This issue was also identified by both Bradshaw (1998) and Hollywood (2011) as impacting negatively on the NQN, although Hollywood maintains that this is a support issue.

Support plays a key role in improving confidence and competence, with support from the ward, rather than a single preceptor being more effective (O'Shea and Kelly, 2007). If an NQN is an advanced beginner, on-going learning could be considered task-orientated while they develop meaningful experience. This would explain why support is essential but that the source is less relevant.

Research reported the benefits of support from the team, and suggests preceptorship is superfluous (Hughes and Fraser, 2011, Whitehead, 2001, Maben and Macleod Clark, 1998, Hollywood, 2011). Maben and Macleod Clark (1998) Hughes and Fraser (2011) and Hollywood (2011) described negative impacts, including increased uncertainty and disillusionment resulting from a lack of support. None of the research mentions the effects of too much support, as reported in this review.

The impact of a lack of standardisation over what competence, competency and

competencies mean is supported by the literature (Bradshaw, 1998, Butler et al., 2011, Dolan, 2003). The 'Standards for Competence for Registered Nurses' requires nurses to be competent, but does not define it. A lack of competence is defined as a lack of knowledge, skill or judgment resulting in the individual being unfit to practice {NMC, 2014 #2239}; this definition is itself open to interpretation.

Literature suggests that competence is the individual's ability to do the job, competencies measure the individuals' competence, and competency is the underlying attributes and behaviours of the individual. Competency is hard to measure through observation (Bradshaw, 1997, Zhang et al., 2001). The commonest preceptorship assessment methods are competencies or objectives. Among the concerns raised, it is felt that they can cause the individual to concentrate on achieving tasks rather than holistic learning (Bradshaw, 1997, Dolan, 2003).

Other criticisms of competencies include their subjectivity; Fordham (2005) suggested competencies are, a 'one fits all' tool, reducing individualised learning. It is difficult to formulate goals in clear language, increasing subjectivity (Butler et al., 2011). O'Connor et al's (2001) and Maben and Macleod Clark (1998) report inconsistencies in expectations: senior staff had far higher expectations than preceptors. This verifies the need for agreed definitions and measurable assessment methods. Hickey (2010) recommends hospital wide competencies, with further specialty specific ones.

Some competencies aim to assess attitudes and behaviours, but these remain subjective, and so lack validity. Dolan, (2003) and Fordham, (2005) question whether an external person can assess another's behaviour. For competencies to be effective they must be specific, measurable, agreed and achievable, realistic and resourced, and time-bound (Atherton, 2013) and allow for the learners existing knowledge, skills and experience.

Andragogy is based on involving the learner (Hand, 2005, O'Shea, 2003) and

underscores the finding that ignoring preceptees existing knowledge and experience impacts negatively on their experience (Hollywood, 2011, Hickey, 2010, Ockerby et al., 2009, Bradley, 1998).

Benner (1982) expects that, at qualification, the NQN will initially focus on task requirements before moving into cognitive understanding with the ability to transfer learning. This is consistent with the individual initially being taught using behaviourism before developing a cognitive approach, taking them from competencies that are task-based into ones that develop their ability to transfer their learning to different situations (Hillier, 2005). If the initial assessment is conducted using Benner (1982) then the preceptee can commence at an appropriate level, and an effort be made to synthesise their existing knowledge with their new learning experiences.

The NMC (2008b) encourages the development of lifelong learners (LLL). Educational theory considers LLL in reference to a surface learner evolving into a deep learner, but there is limited research on how a deep learner is created. (Reece and Walker, 2006, Worrow, 2005). Hand (2005) and Fearon (1998) concluded that involving the whole team, using existing evidence, with required skills and abilities identified for NQN's, to create agreed competencies, with an element of flexibility for individual needs, supports the learners engagement in their own development.

International findings and research surrounding complex preceptorship reflect the reviews concerns regarding lack of structure, with studies by O'Shea and Kelly (2007), Whitehead (2001) and Maben and Macleod Clark (1998) all concluding that mandatory, formalised complex preceptorship would increase the confidence and competence of the preceptees. The finding that too much structure is detrimental to the preceptee is not covered in the wider research.

Whilst Benner (1982) assessed the advanced beginner at a level that fits with a NQN, she considers the next level, a competent practitioner, to be a nurse with 2 to 3 years' experience. This is significantly more than the one year recommended

for preceptors by the NMC (2006). Additionally, preceptor training is locally managed, and while the NMC has robust training requirements outlined, there is limited focus on preceptorship regarding content or standards. Hickey (2010) concluded that an expert nurse is not necessarily an effective teacher and recommended training to include the principles of adult learning and how to provide constructive feedback. Ockerby et al (2009) concur, noting that participants indicated they would benefit from preceptors recognising a range of learning styles and treating them as individuals. They further state that in some cases the preceptor was reluctant in the role, significantly impacting on the relationship.

The impact of the relationship dynamic and the right to choose a preceptor is also evident in the literature. Carroll (1992) supported the ability to choose and Halfer (2007) considered the effects of matching preceptees with preceptors based on personality styles, which resulted in a reduction in the preceptorships duration. Cubit and Ryan's (2011) report that some people were better at being a preceptor than others, and that preceptees quickly learnt who to ask; a finding also reported by Hughes and Fraser (2011). There are concerning reports of disengaged preceptors, similar to the findings in the review, with additional accounts of bullying and harassment (Hughes and Fraser, 2011, Maben and Macleod Clark, 1998, Cubit and Ryan, 2011).

Scells and Gill (2007) considered team precepting and these findings support the use of team preceptorship, specifically in its capacity to provide increased support and promote confidence. However Cubit and Ryan (2011) reported that having more than one preceptor made assessment difficult. With minimal research on team preceptorship, multiple preceptors or the impact of choice, it is challenging to identify whether some of the issues reported in the research could be resolved.

One of the biggest issues with preceptorship was preceptor availability, which continues to be a theme across all literature (Halfer, 2007, Banks et al., 2011, Bick, 2000, Hughes and Fraser, 2011, Hollywood, 2011) although interestingly

not in Scells and Gill (2007) team approach. This may indicate a further benefit from a team or multiple preceptor approach.

Conclusion

The evidence suggests that preceptorship does improve confidence and competence; although the link to improved confidence is clearer. Interestingly, the results indicate that the impact of the wider team and a complex preceptorship is greater than the impact of an individual preceptor. Finally, the abilities and motivation of the preceptor, the level of support, clarity on what to measure and variability or lack of structure are key factors influencing the efficacy of preceptorship.

Overall there is limited research on the impact of preceptorship on NQN's confidence and competence. Considering this is one of two main aims of the preceptorship process, focused research is required to give a greater understanding of this phenomenon. There are however indications that improving structure, defining competence and how to measure it, and improving preceptor training and abilities would be beneficial to the preceptorship process.

It is important to acknowledge potential limitations to this systematic review. Inexperience may have led to transcription, interpretation or methodology errors. Clear methodology and independent checks should minimise mistakes.

As preceptorship is currently a recommendation, a significant number of the suggestions for policy and practice would benefit from NMC guidance and incorporation in national standards.

This review recommends the following for practice, policy and research:

Research

- Further research on the benefits of multiple/team precepting.
- Research aimed specifically at identifying the impact of preceptorship on confidence and competence, in order to demonstrate efficacy.

- Research to assess whether preceptorship or wider nursing team support has greater impact on confidence.
- Comparative research of basic preceptorship against complex preceptorships impact on preceptees' confidence and competence.

Practice and Policy

- Nationally agreed definitions of competency and standard competencies created using educational theory.
- Nationally agreed training for preceptors including adult education theory, learning styles, assessment of the preceptees current skills and abilities and feedback skills, to improve the preceptor's skills and reduce inconsistency.
- Development of minimum requirements for becoming a preceptor, including a longer minimum level of post qualification experience.
- Identification of skills and abilities required of nurse preceptors and the resources to make this a desirable role with development opportunities.
- Development of preceptorship to include essential requirements, including clinical supervision and basic skills study days to improve NQN's competence.

References

Amos, D. (2001) 'An evaluation of staff nurse role transition', *Nursing standard* 16(3), pp. 36-41.

Atherton, J. S. (2013) *Learning and Teaching; Objectives [On-line: UK]*. http://www.learningandteaching.info/teaching/objectives.htm (Accessed: June 17th 2014).

Avis, M., Mallik, M. and Fraser, D. (2013) ''Practising under your own Pin'- a description of the transition experiences of newly qualified midwives', *Journal of Nursing Management,* 21(8), pp. 1061-1071.

Bain, L. (1996) 'Preceptorship: a review of the literature', 24, pp. 4.

Banks, P., Roxburgh, M., Kane, H., Lauder, W., Jones, M., Kydd, A. and Atkinson, J. (2011) 'Flying start NHS: Easing the transition from student to registered health professional.', *Journal of clinical nursing,* 20(23–24), pp. 9.

Benner, P. (1982) ' From novice to expert', *The American Journal of nursing,* 82(2), pp. 5.

Bick, C. (2000) 'Please help! I'm newly qualified'.

Boon, J., Graham, B., Wainwright, M., Warriner, S. and Currer-Briggs, V. (2005) 'Is preceptorship valuable?', *RCM midwives : the official journal of the Royal College of Midwives,* 8(2), pp. 64-66.

Bradley, S. (1998) 'Prepared for practice? Exploring the experiences of newly qualified Project 2000 Child Branch staff nurses... including commentary by Marriott S', *NT Research,* 3(4), pp. 292-302.

Bradley, S. F. (1999) ''There for us': Exploring preceptorship among newly qualified Child Branch staff nurses'.

Bradshaw, A. (1997) 'Defining ' competency' in nursing (part 1): a policy review', *Journal of clinical nursing,* 6(5), pp. 7.

Bradshaw, A. (1998) 'Defining ' competency' in nursing (part 2): an analytical review', *Journal of clinical nursing,* 7, pp. 8.

Butler, M. P., Cassidy, I., Quillinan, B., Fahy, A., Bradshaw, C., Tuohy, D., O'Connor, M., Mc Namara, M. C., Egan, G. and Tierney, C. (2011) 'Competency assessment methods - tool and processes: a survey of nurse preceptors in Ireland', *Nurse Education in Practice,* 11(5), pp. 298-303.

Carroll, P. (1992) 'Using personality styles to enhance preceptor programs', *Dimensions of critical care nursing,* 11(2), pp. 4.

Clark, T. and Holmes, S. (2007) 'Fit for practice? An exploration of the development of newly qualified nurses using focus groups', *International Journal of Nursing Studies,* 44(7), pp. 1210-20.

Cubit, K. and Ryan, B. (2011) 'Tailoring a Graduate Nurse Program to meet the needs of our next generation nurses', *Nurse Education Today,* 31(1), pp. 65-71.

Darvill, A., Fallon, D. and Livesley, J. (2014) 'A different world: The transition experiences of newly qualified children's nurses taking up first destination posts within children's community nursing teams in England', *Issues in Comprehensive Pediatric Nursing,* 37(1), pp. 6-24.

Dearmun, A. K. (2000) 'Supporting newly qualified staff nurses: the Lecturer Practitioner contribution', *Journal of Nursing Management,* 8(3), pp. 159-165.

Department of Health (2010) *Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals*.

Dolan, G. (2003) 'Assessing student nurse clinical competencies: will we ever get it right?', *Journal of Clinical Nursing,* 12, pp. 9.

Farrell, M. and Chakrabarti, A. (2001) 'Evaluating preceptorship arrangements in a paediatric setting', *Journal of Child Health Care,* 5(3), pp. 93-100.

Fearon, M. (1998) 'Assessment and measurement of competence in practice', *Nursing standard,* 12(22), pp. 6.

Fordham, A. (2005) 'Using a competency-based approach to nurse education', *Nursing standard,* 19(31), pp. 7.

Gerrish, K. (2000) 'Still fumbling along? A comparative study of the newly qualified nurse's perception of the transition from student to qualified nurse', *Journal of Advanced Nursing,* 32(2), pp. 473-80.

Halfer, D. (2007) 'A magnetic strategy for new graduate nurses', *Nursing economics,* 25(1), pp. 1.

Hand, H. (2005) 'Promoting effective teaching and learning in the clinical setting', *Nursing standard,* 20(39), pp. 7.

Hardyman, R. and Hickey, G. (2001) 'What do newly-qualified nurses expect from preceptorship? Exploring the perspective of the preceptee', *Nurse Education Today,* 21(1), pp. 58-64.

Harrison-White, K. and Simons, J. (2013) 'Preceptorship: ensuring the best possible start for new nurses', *Nursing Children and Young People,* 25(1), pp. 24-7.

Hickey, M. T. (2010) 'Baccalaureate nursing graduates' perceptions of their clinical instructional experiences and preparation for practice', *Journal of Professional Nursing,* 26(1), pp. 35-41.

Higgins, G., Spencer, R. L. and Kane, R. (2010) 'A systematic review of the experiences and perceptions of the newly qualified nurse in the United Kingdom', *Nurse Education Today,* 30(6), pp. 499-508.

Hillier, Y. (2005) *Reflective teaching in further and adult education.* 2nd edn. London: Continuum.

Hollywood, E. (2011) 'The lived experiences of newly qualified children's nurses', *British Journal of Nursing,* 20(11), pp. 665-71.

Hughes, A. J. and Fraser, D. M. (2011) ''SINK or SWIM': the experience of newly qualified midwives in England', *Midwifery,* 27(3), pp. 382-6.

Kennard, J. (1991) 'A helping hand?... preceptor programmes to support newly qualified staff', *Nursing Times,* 87(49), pp. 39-40.

Leigh, J. A., Douglas, C. H., Lee, K. and Douglas, M. R. (2005) 'A case study of a preceptorship programme in an acute NHS Trust - Using the European Foundation for Quality Management tool to support clinical practice development', *Journal of Nursing Management,* 13(6), pp. 508-518.

Maben, J. and Clark, J. M. (1996) 'Preceptorship and support for staff : the good and the bad'.

Maben, J. and Macleod Clark, J. (1998) 'Project 2000 diplomates' perceptions of their experiences of transition from student to staff nurse', *Journal of Clinical Nursing,* 7(2), pp. 145-53.

Marks-Maran, D., Ooms, A., Tapping, J., Muir, J., Phillips, S. and Burke, L. (2013) 'A preceptorship programme for newly qualified nurses: A study of preceptees' perceptions', *Nurse Education Today,* 33(11), pp. 1428-1434.

Mason, J. and Davies, S. (2013) 'A qualitative evaluation of a preceptorship programme to support newly qualified midwives', *Evidence-Based Midwifery,* 11(3), pp. 94-98.

Muir, J., Ooms, A., Tapping, J., Marks-Maran, D., Phillips, S. and Burke, L. (2013) 'Preceptors' perceptions of a preceptorship programme for newly qualified nurses', *Nurse Education Today,* 33(6), pp. 633-638.

NMC (2006) *Preceptorship Guidelines NMC Circular 21/2006.* London: Nursing and Midwifery Council

NMC (2008a) *The Code: Standards of conduct, performance and ethics for nurses and*
midwives

NMC (2008b) *Standards to support learning and assessment in practice.* London: Nursing & Midwifery Council.

Noyes, J. and Lewin, S. (2011) 'Supplemental guidance on selecting a method of qualitative evidence syntehsis, and integrating qualitative evidence with cochrane intervention reviews', in Noyes, J., Booth, A., Hannes, K., Harden, A., Harris, J., Lewin, S. & Lockwood, C. (eds.) *Supplementary guidance for inclusion of qualitative research in cochrane systematic reviews of interventions. Version 1.* : Cochrane Collaboration Qualitative Methods Group.

O'Connor, S. E., Pearce, J., Smith, R. L., Voegeli, D. and Walton, P. (2001) 'An evaluation of the clinical performance of newly qualified nurses: a competency based assessment', *Nurse Education Today,* 21(7), pp. 559-68.

O'Shea, E. (2003) 'Self-directed learning in nurse education: a review of the literature', *Journal of advanced nursing,* 43(1), pp. 8.

O'Shea, M. and Kelly, B. (2007) 'The lived experiences of newly qualified nurses on clinical placement during the first 6 months following registration in the Republic of Ireland', *Journal of clinical nursing,* 16(8), pp. 8.

Ockerby, C. M., Newton, J. M., Cross, W. M. and Jolly, B. C. (2009) 'A learning partnership: Exploring preceptorship through interviews with registered and novice nurses', *Mentoring & Tutoring: Partnership in Learning,* 17(4), pp. 369-385.

Pfeil, M. (1999) 'Preceptorship: the progression from student to staff nurse', *Journal of Child Health Care,* 3(3), pp. 13-18.

Pluye, P., Robert, E., Cargo, M., Bartlett, G., O'Cathain, A., Griffiths, F., Boardman, F., Gagnon, M. P. and Rousseau, M. C. (2011) *Proposal: A mixed methods appraisal tool for systematic mixed studies reviews*. http://mixedmethodsappraisaltoolpublic.pbworks.com. (Accessed: 28.4.14 2014).

Reece, I. and Walker, S. (2006) *Teaching, training and learning.* 6th edn. Tyne and Wear: Business Education Publishers Ltd.

Robinson, S. (2009) *[Scoping review: preceptorship for newly qualified nurses: impacts, facilitators and constraints]* London - King's College London, James Clerk Maxwell building, 57 Waterloo Road, London SE1 8WA: National Nursing Research Unit. Available at: http://www.kcl.ac.uk/content/1/c6/05/06/70/PreceptorshipReview.pdf

http://shibboleth.ovid.com/secure/?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=hmic&AN=DH344883

http://sfx.kcl.ac.uk/kings?genre=article&atitle=%5BScoping+review%3A+preceptorship+for+newly+qualified+nurses%3A+impacts%2C+facilitators+an

d+constraints%5D&title=&issn=&date=2009&volume=&issue=&spage=&aulast=Robinson%2C+Sarah.&isbn=&__char_set=utf8.

Scells, M. and Gill, R. (2007) 'An evaluation of a strategy to improve the support of orthopaedic nurses through a team preceptorship programme', *Journal of Orthopaedic Nursing,* 11(3/4), pp. 135-145.

Silverman, D. (2006) *Interpreting qualitative data.* 3rd edn. London: SAGE.

UKCC (1986) *Project 2000: A new preparation for practice.*: United Kingdom Central Council for Nursing, Midwifery and Health Visiting.

UKCC (1991) *Post-Registration Education and Practice (PREP) Policy Development Papers.* London (23 Portland Place, W1N 3AF): United Kingdom Central Council for Nursing Midwifery and Health Visiting.

UKCC (1993) *Registrars Letter. The Councils Position Concerning a Period of Support and Preceptorship. Implementation of the Post_Registration Education and Practice Proejct (PREPP) Proposals.* London (23 Portland Place, W1N 3AF): United Kingdom Central Council for Nursing Midwifery and Health Visiting.

Walker, C. (1986) *The newly qualified staff nurses perception of the transition from student to triained nurse.* Universty of Machester, Unpublished Msc Thesis.

Whitehead, B., Owen, P., Holmes, D., Beddingham, E., Simmons, M., Henshaw, L., Barton, M. and Walker, C. (2013) 'Supporting newly qualified nurses in the UK: a systematic literature review.', *Nurse Education Today. ,* 33(4), pp. 7.

Whitehead, J. (2001) 'Newly qualified staff nurses' perceptions of the role transition', *British Journal of Nursing,* 10(5), pp. 330-2, 334-9.

Worrow, G. (2005) 'Learning to learn', in Cole, A. (ed.) *Teaching in post compulsory education*. London: David Fulton Publishers Ltd.

Zhang, Z., Luk, W., Arthur, D. and Wong, T. (2001) 'Nursing competencies: personal characteristics contributing to effective nursing performance', *Journal of advanced nursing,* 33(4), pp. 7.

Table 1 – The use of PICO to form a search strategy regarding the impact of Preceptorship Confidence and Competence in on Newly Qualified Nurses

Population	Intervention	Comparison	Outcome
Newly Qualified Nurses	**Preceptorship**	**Nil**	**Confidence and Competence**
Newly qualified New qualified Recent qualified Recently qualified Nurse Nurses Nursing Professional Practitioner *RN assumed to be included in nurse search term	Preceptor Preceptee Preceptorship Precepting		Confidence Confident Assured Positive Secure Competence Competent Capable Capability Skills/ed Abilities/y Knowledge/able Aptitude Proficiency/t Experience/d Perception

Table 2 Search results

Table based on (Moher et al., 2009)
PICO terms search

Identified

Database Search
BNI – 61
CINHAL – 81
Embase – 151
Medline – 155
PsychInfo – 20
PsychArticles – 1
Campbell SR – 0
Cochrane – 32
HMIC – 90
ERIC – 13
ASSIA – 23
Web of Science – 19
Scopus – 58

Grey literature Search
Scopus conference – 0
Web of science Conferences – 0
Evidence.nhs.uk – preceptorship 141, preceptor 182
Opengrey – 2
National technical – 28
NINR – 0
Opendoer – 0
SSRN – 5
Kings College – 4
RCN - 1

Title review against Inclusion/exclusion criteria

Screening

BNI – 54
CINHAL – 61
Embase – 83
Medline – 80
PsychInfo – 8
Campbell SR – 0
Cochrane – 1
HMIC – 46
PsychArticles – 0
ERIC – 8
ASSIA – 21
Web of Science – 18
Scopus - 48

Scopus conference – 0
Web of science Conferences – 0
Evidence.nhs.uk –19
Opengrey – 1
National technical – 0
NINR – 0
Opendoer – 0
SSRN – 0
Kings College – 4
RCN - 1

Abstract Review against Inclusion/exclusion criteria

BNI – 33
CINHAL – 33
Embase – 24
Medline – 25
PsychInfo – 1
Campbell SR – 0
Cochrane – 1
HMIC – 10
PsychArticles – 0
ERIC – 6
ASSIA – 15
Web of Science – 9
Scopus - 21

Scopus conference – 0
Web of science Conferences – 0
Evidence.nhs.uk –3
Opengrey – 1
National technical – 0
NINR – 0
Opendoer – 0
SSRN – 0
Kings College – 3
RCN - 1

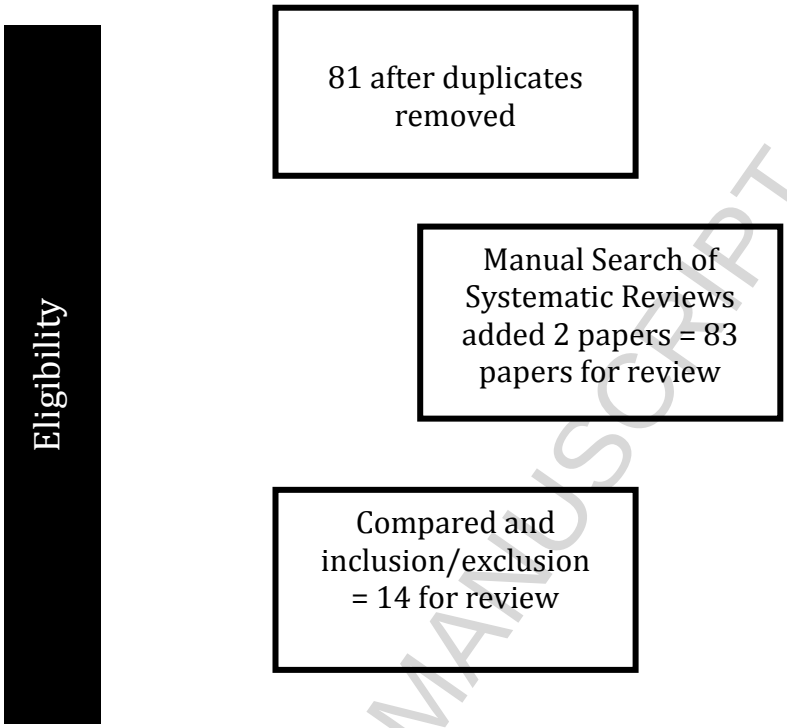

Table 3 – Inclusion/Exclusion Criteria

Inclusion	Rationale	Exclusion
• Studies based in the UK • Empirical studies • Written in English • Nurses qualified less than one year. • Includes competence or confidence (or linked MESH terms) in the article, title or abstract • Studies that have any results relating to competence or confidence linked to preceptorship (or linked MESH terms) • Location – primary, secondary or tertiary care based	• NMC preceptorship is based within UK • Preceptorship relates to nurses in first year post qualifying • Review is considering impact on confidence and competence • Limited to first year of qualification regardless of location.	• Not UK based • Letter or editorial • Nurses qualified more than one year • Student nurses • Pre 1991 (year preceptorship was founded by UKCC) • Does not mention confidence or competence

Table 4 – Summary of papers included

Author and Date	Study Aim(s)	Methodology	Sample	Data Analysis	M fi t a
(Amos, 2001)	○ To consider whether P2000 (diploma qualification) courses are producing nurses skilled in critical thinking and analysis. ○ To highlight areas of weakness in nurse education that requires change and adaption. ○ To identify strategies that support and promote role transition from a newly qualified staff nurse to a fully functionin staff nurse.	Explorative evaluation study using semi-structured interviews for group of newly qualified nurses on a gynaecological ward and focus groups for a group of newly qualified nurses on surgical or medical wards as comparison.	5 newly qualified nurses for semi-structured interviews 5 newly qualified nurses for focus groups	Interviews transcribed verbatim and content analysis used. Rare concepts and themes eliminated.	- i a q - i i k e
(Avis et al., 2013)	○ Transition experiences of newly qualified midwives were examined in depth during the third phase of a UK evaluation study of midwifery education.	Semi-structured diary kept for 6/12 by Newly qualified midwives and questionnaires completed by preceptors. Semi structured interviews for sub sample of Newly qualified midwives	Unknown number requested but 79 consented, 73 eligible, 35 completed the diaries. Each preceptor and supervisor approached to participate not stated how many did. Interviews for sub group, number unspecified but ≥6.	Diary data analysed by local researcher, using guidelines. Interpretatio n checked by lead researcher for the area. No mention of data synthesis method. No mention of questionnaire and interview data analysis method.	- i w - w i c t m - t o e

Table 4 – Summary of papers included

Author and Date	Study Aim(s)	Methodology	Sample	Data Analysis	M fi to a
(Boon et al., 2005)	○ To ascertain whether a community placement in a preceptorship programme provided the right balance between consolidation of skills and confidence.	Semi structured interviews before and after completion of the amended programme.	24 Newly qualified midwives invited, 24 consented, 10 agreed to be interviewed. Unknown number of preceptors requested, 4 consented.	Audiotaped; transcribed by professional transcribe. Incomplete due to use of medical terminology. Background noise led to 7 of the 24 interviews not being transcribed.	- in u p p - in fo o
(Bradley, 1999)	○ Examine the experiences of newly qualified staff nurses following P2000 child branch education, in which the experience of preceptorship was explored.	Qualitative study of focus group prior to and in-depth interviews 5 months post qualifying.	8 in group, 6 completed.	Interviews transcribed but not clear how. Content analysis conducted but no details provided.	- p s s c m – p s w to th g s e - p li a e c p -I s s k

Table 4 – Summary of papers included

Author and Date	Study Aim(s)	Methodology	Sample	Data Analysis	M fi t a
(Clark and Holmes, 2007)	○ To gain an understanding of the way that competence develops amongst nurses and how their managers and those working with them see this.	Qualitative exploratory study - combination of 12 focus groups and 5 interviews.	105 in focus groups (50 newly qualified nurses, 55 experienced nurses including 11 practice development teachers) 5 managers interviewed.	Content analysis identifying themes and categories.	– c is – h a a le g – li c v
(Darvill et al., 2014)	○ Experiences of newly qualified children's nurses in England who commenced in community posts.	Semi structured interviews and fieldwork observation.	8 newly qualified nurses for Semi Structured Interviews and 94 hours observation.	Thematic analysis of for Semi Structured Interviews Framework approach for observation	- s in e in - o m - a o n o
(Farrell and Chakrabarti, 2001)	○ Evaluate the effectiveness of their organisations preceptorship arrangement.	Face to face questionnaire and 2 Focus groups.	17 newly qualified nurses for questionnaire, sub group of 5 for FG.	Database software for production of descriptive statistics for questionnaire Thematic analysis of focus groups	- o p m - in te p - in c - c p
(Leigh et al., 2005)	○ To discuss the results of the evaluation, assessment and effectiveness of the new trust wide clinical practice development of preceptorship programme for newly qualified nurses.	Questionnaire sent to preceptees pre and post preceptorship. Post preceptorship questionnaire to respective ward managers.	34 preceptees 12 ward managers.	Unclear process of data analysis. Likert scale used but no mention of how this was analysed.	- in c th a - in c m

Table 4 – Summary of papers included

Author and Date	Study Aim(s)	Methodology	Sample	Data Analysis	M fi t a
(Maben and Clark, 1996) Information gained directly from researcher in Italics	○ Experiences of newly qualified P2000 diplomats.	Interviews *Questionnaires sent to two cohorts – total of 62, 26 returned. All requested if they wished to be interviewed.*	10 *Of 26 responses, 18 agreed to be interviewed but 7 did not meet criteria, 1 did not attend. 5 from each cohort interviewed which met the required amount.*	Interviews were transcribed and analysed but no details given.	- i q c - e i c
(Marks-Maran et al., 2013)	○ Evaluation of a preceptorship programme for newly qualified nurses.	Mixed methods – using questionnaires, reflective journals and audio recordings made by preceptees.	90 – 44 completed.	Quantitative data analysis used SPSS version 18. Descriptive statistics, t tests and cronbach's alpha used. Qualitative data coded and themes identified, these then mapped against qualitative data. The framework allowed the strength of the themes and sub themes to be measured.	- d i c c -l fi v

Table 4 – Summary of papers included

Author and Date	Study Aim(s)	Methodology	Sample	Data Analysis	M fi to a
(Mason and Davies, 2013)	○ Structured evaluation of midwifery programme of preceptorship to identify strengths and weaknesses to further develop the programme.	Focus groups and interviews.	6 newly qualified midwives 6 Preceptors 4 Managers	Unclear data collection process for interviews. Thematic analysis.	- s is -I c ir c - p te c
(Muir et al., 2013)	○ To evaluate the preceptors perception of the preceptorship programme.	Linked to (Marks-Maran et al., 2013). Mixed methods using questionnaires and interviews.	90 – 40 completed	Quantitative data analysis used SPSS version 18. Descriptive statistics, t tests and Cronbach's alpha used. Quantitative data structured around 7 themes. Qualitative data recorded and thematic analysis made using framework method. These related to quantitative themes and extras added.	- th p c - th p c

Table 4 – Summary of papers included

Author and Date	Study Aim(s)	Methodology	Sample	Data Analysis	M fi to a
(Pfeil, 1999)	○ To increase the understanding of preceptorship: ○ Does it enable the preceptees to develop from a learner to an accountable practitioner? ○ How do the competence and safety levels of the preceptees develop?	Mixed methods although states qualitative. Two staged semi structured interviews. Questionnaires were also distributed for ordinal data collection to the sample on a monthly basis for six months.	16 newly qualified nurses 19 preceptors, 18 consented.	Qualitative data transcribed and thematic analysis used. Quantitative data manually analysed.	- in p c - p in - o b - s fo th s n
(Robinson, 2009)	○ Scoping review to assess the evidence from existing schemes relating to the receipt of preceptorship.	Review of existing evidence.	Literature review 12 research articles.	Not discussed	- a a a - p d c w w li

Table 5 – Quantitative Data

Author and type/source	Aspect	Results
Farrell and Chakrabarti (2001) – data.	Frequency of meetings	82% had 3+ meetings 12% had 1 meeting 6% had none
	Completion of learning contracts	65% completed 1+ contract
	Achieved required competency for admission	94% - one failed
	Achieved required competency for discharge	88% - two failed
Leigh et al. (2005) – preceptee self-reported score pre and post – the difference in score converted into a percentage	Comfortable with the level of clinical knowledge possessed	25% increase
	Comfortable dealing with patient, and relatives questions and concerns	26% increase
	Confidence in what is expected from them as a staff nurse	39% increase
	Confident in ability to make the correct clinical decision	5% increase
	Confidence that interpersonal skills sufficiently developed in relation to working with patients	9% increase
Leigh et al. (2005) – Ward managers report on number of preceptees that achieved competence	Clinical skills	100% (6)
	Communication and interpersonal skills	100% (7)
	Time/resource management	67% (4/6)
	Negotiation skills	71% (5/7)
	Risk management competency	71% (5/7)
Marks-Maran et al. (2013) – Preceptees perception	Reported difficulty in finding time to meet	82%
	Felt preceptorship should be a priority	93%
	Believed preceptorship was crucial to clinical practice	54%
	Felt the preceptor had the appropriate expertise	97%
	Felt they (preceptee) should be able to choose their own preceptor	70%
	Increased confidence in patient care decisions	78%
	Positive impact of developing high standards	76%
	Increased confidence in dealing with problems related to patient care	75%
	Increase competence in drug admission	68%
	Increased competence in health and safety	68%
	Increased competence in meeting nutritional needs	55%
	Increased competence in wound management	Nearly 50%
Muir et al. (2013) – Preceptors perception	Reported preceptorship would be useful to new staff	95%
	Felt they (preceptors) provided support	87%
	Helped change a student to an accountable practitioner	80%
	Increased preceptee confidence in clinical decision-making	75%
	Increased preceptee confidence in communication	75%
	Increased preceptee competence in communication	75%
	(Felt they had an) Impact on drug administration	75.6%

Table 5 – Quantitative Data

Author and type/source	Aspect	Results
	(Felt they had an) Impact on health and safety	73.6%
	(Felt they had an) Impact on nutritional needs	71.2%
	(Felt they had an) Impact on wound management	63.9%
	(Felt they had an) Impact on culture and diversity	63.1%

Table 6 – Quantitative Data

Author and type/source	Aspect	Results
Farrell and Chakrabarti (2001) – data.	Frequency of meetings	82% had 3+ meetings 12% had 1 meeting 6% had none
	Completion of learning contracts	65% completed 1+ contract
	Achieved required competency for admission	94% - one failed
	Achieved required competency for discharge	88% - two failed
Leigh et al. (2005) – preceptee self-reported score pre and post – the difference in score converted into a percentage	Comfortable with the level of clinical knowledge possessed	25% increase
	Comfortable dealing with patient, and relatives questions and concerns	26% increase
	Confidence in what is expected from them as a staff nurse	39% increase
	Confident in ability to make the correct clinical decision	5% increase
	Confidence that interpersonal skills sufficiently developed in relation to working with patients	9% increase
Leigh et al. (2005) – Ward managers report on number of preceptees that achieved competence	Clinical skills	100% (6)
	Communication and interpersonal skills	100% (7)
	Time/resource management	67% (4/6)
	Negotiation skills	71% (5/7)
	Risk management competency	71% (5/7)
Marks-Maran et al. (2013) – Preceptees perception	Reported difficulty in finding time to meet	82%
	Felt preceptorship should be a priority	93%
	Believed preceptorship was crucial to clinical practice	54%
	Felt the preceptor had the appropriate expertise	97%
	Felt they (preceptee) should be able to choose their own preceptor	70%
	Increased confidence in patient care decisions	78%
	Positive impact of developing high standards	76%
	Increased confidence in dealing with problems related to patient care	75%
	Increase competence in drug admission	68%
	Increased competence in health and safety	68%
	Increased competence in meeting nutritional needs	55%
	Increased competence in wound management	Nearly 50%

Table 5 – Quantitative Data

Author and type/source	Aspect	Results
Muir et al. (2013) – Preceptors perception	Reported preceptorship would be useful to new staff	95%
	Felt they (preceptors) provided support	87%
	Helped change a student to an accountable practitioner	80%
	Increased preceptee confidence in clinical decision-making	75%
	Increased preceptee confidence in communication	75%
	Increased preceptee competence in communication	75%
	(Felt they had an) Impact on drug administration	75.6%
	(Felt they had an) Impact on health and safety	73.6%
	(Felt they had an) Impact on nutritional needs	71.2%
	(Felt they had an) Impact on wound management	63.9%
	(Felt they had an) Impact on culture and diversity	63.1%

Highlights

- Wider Preceptorship Programmes and support of the team have a greater impact than individualised preceptorship.
- The abilities and motivation of the preceptor, support levels, clarity about what is being measured, variability, and structure influence the efficacy of preceptorship.
- More research into the direct link between preceptorships and confidence and competence is required.